

Kentucky Standard Health Benefit Plan Comparison Form:

EXCLUSIONS

The maximum time a health plan can exclude coverage for a preexisting condition is 12 months, or 18 months for a late enrollee in a group plan. This period can be reduced or eliminated by credit for prior coverage. This period can not be imposed on individuals who had 18 months prior coverage under an employer group, church or governmental plan. It is very important that you discuss with your agent what coverage will be provided for a preexisting condition.

Following are many of the conditions and services which are *permanently* excluded from coverage. It is not a complete listing of the exclusions of the Kentucky Standard Plan or the plan presented by XXXXXXXX. If there is a specific condition or service which concerns you, ask your agent to verify whether coverage is available under either plan or both plans.

| EXCLUSION | STANDARD PLAN | XXX PLAN |
|--|---------------|----------|
| Artificial or mechanical hearts and related services | x | |
| Behavioral training and modifications | x | |
| Benefits for conditions covered by workers compensation | x | |
| Blood and blood products | x | |
| Charges incurred as the result of participation in civil disturbances or crimes, or while incarcerated | x | |
| Chelation therapy - acupuncture - anesthesia by hypnosis - lipectomy | x | |
| Cosmetic services unless medically necessary | x | |
| Custodial care | x | |
| Dental and vision services | x | |
| Disposable outpatient supplies | x | |
| Drugs, except insulin, which can be purchased without a prescription or are not FDA approved | x | |
| Elective abortions | x | |
| Eligible expenses in excess of maximum plan benefits | x | |
| Emergency room services except for emergency care | x | |
| Experimental or investigational services as defined | x | |
| Fertility services | x | |
| Hearing aids, except for individual under age 18, routine hearing tests and audiograms | x | |
| Non-emergency treatment outside the United States | x | |
| Services and supplies that are not medically necessary | x | |
| Services and supplies that do not comply with plan delivery rules | x | |
| Sex transformation and sexual dysfunction | x | |
| Travel or transportation expenses, except ambulance | x | |
| Weight reduction programs | x | |
| <i>Insert here exclusions particular to plan rules regarding network providers</i> | | |
| <i>Insert here or describe on an attached sheet other significant exclusions not addressed above</i> | | |

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|---|--|--|
| Prescription drug coverage is subject to a drug formulary - applicants may question whether specific drugs are covered. | | |
|---|--|--|

[BENEFITS COMPARISON FORM PRESENTED BY: _____]
 DATE: _____]

I HAVE RECEIVED AND UNDERSTAND THIS BENEFITS COMPARISON FORM:

SIGNATURE OF PROSPECTIVE APPLICANT: _____

Benefit Reductions or Denials Can Result from Failure to Follow the Plan's Rules
Ask What Restrictions Apply!
Benefits and Exclusions are Subject to Modification Upon Renewal